GRANT COUNTY PLANNING COMMISSION

101 N. MAIN STREET
WILLIAMSTOWN, KENTUCKY 41097
(859) 824-7770 phone
(859) 824-7796 fax

PLAT REVIEW APPLICATION

Section A (To be completed by the applicant)

Name of Subdivision:_____

Phase/Section No._____

Street Location of Subdivision_____

Subdivision Jurisdiction:_____City of Corinth _____City of Crittenden

_____City of Dry Ridge   _____City of Williamstown

_____Grant County

Project Area:_____acres

Number of lots:_____

Owner of the property:_____

Phone Number_____   Fax Number_____

Address_____

_____

Name of Project Applicant:_____

Phone Number_____   Fax Number_____

Address_____

_____

Current Zoning of the property:_____

Deed Book_____ Page Number:_____

Minimum lot area:_____

Minimum lot width at the building setback line:_____feet

Front Yard Setback:_____feet

Side Yard Setback:_____feet

For Submission of:

                                                                                Fee

_____Preliminary Plat

                    $500.00 + $10.00 X _____acres = _____

_____Improvement Plat
          Review and Engineer Fee $500.00
          Grading Inspection $.80 X _____lineal feet
          Street Inspection $ .80 X _____lineal feet

Storm and Sanitary Sewer Inspection $.75 X _____lineal feet

Total _____

_____Final Plat
Review/Engineer Fee 500.00+$10.00X_____acres_____

_____Resubmissions $450.00 + $10.00 X _____acres _____

_____Minor Subdivision $100.00 + $10.00 X _____acres _____

List all applicable utility companies and addresses which will provide service to the property:

_____   _____
_____   _____
_____   _____

_____   _____
_____   _____
_____   _____

_____   _____
_____   _____
_____   _____

_____   _____
_____   _____
_____   _____

Have you met or received approval from any of the listed organizations/agencies? If so, please attach a letter of approval to this application or list below those organizations/agencies from which you have received approval.

_____   _____
_____   _____
_____   _____

I hereby make an application for plat approval of the aforementioned subdivision and certify that all information contained on this application is true and correct.

_____   _____
Applicant   Date   Property Owner   Date

SECTION B (To be completed the Grant County Planning Commission Administrator):

Date Received ____/_____/_____
Fee Received $_____._____
Number of copies received _____
Is the application complete? Yes_____No_____

Plat Committee Recommendation
_____Approval
_____Approval with conditions
_____Denial

Action Date: _____/_____/_____
Conditions of approval are listed as follows:

_____
_____
_____
_____
_____

Reasons for denial (if applicable):

_____
_____
_____
_____
_____

NOTE: An application consists of all fees paid in full, submitted drawings and a completed application form. A minimum of twelve (12) copies must be submitted with the application.